_							_ <u>·</u>		-/	0	174	414	2	
•	PATENT	ORI		Application or Dock 1 Number 20108/02008-67-US(										
	CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY OTHER THAN TYPE OR SMALL ENTITY					
ſi	OTAL CLAIM	S	1 2	23				RATE	FEE	¬ <sup>OF</sup>	RATE	FEE	4	
F	CR	NUMBE	NUMBER FILED		NUMBER EXTRA		BASIC FE	+	براد	BASIC FE		+		
۲	OTAL CHARGE	23 0	23 minus 20=		. 3		XS 9=	1	OF	-		1		
INDEPENDENT CLAIMS			3	2 minus 3 ∈		0		X43=	127	7		╂	┨	
MULTIPLE DEPENDENT CLAIM P			PRESENT	RESENT				+145=	0			-	┨	
•1	If the difference in column 1 is less than zero, enter "0" in column 2								1.0	JOA	<u> </u>	ļ	4	
	CLAIMS AS AMENDED - PART II							TOTAL	412	JOR		L	4	
_		(Catumn 1)	<del>.</del>	(Column 2) (Column 3)					ENTITY	OR	SMALL			
AMENDIMENT A		REMAINING APTER AMENDMENT		NUMB PREVIO PAID F	ER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	-	
	Total ·	. 23	Minus	- 0	3	•		`X\$ 8=		OR	X\$18=		1	
AR	Independent	ENTATION OF M	Minus .	FOO (	3	-		X43=		OR	X86=		1	
_	(	PENDENT	COAIM			+145=		OR	+290=		1			
•	7/28/0	() <del>-</del>					L	TOYAL DOIT, FEE		OR	TOTAL ADDIT, FEE	-	1	
	(Column 1) (Column 2) (Column Column												1	
AMENUMENT B		REMAINING AFTER AMENDMENT		NUMBI PREVIOL PAID FI	ÉA JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
NO.	Total	. 2	Minus	- 2	5	• /	·ſ	X\$ 9-	. /	OR	X\$18=	7	l	
7	Independent	NTATION OF M	Minus	3		-/-		X43=	/	OR	X86=			
	410/0		OLTIPLE DE	PENDENT	LAM	<del>-/</del>		+145=		OR	+290=		l	
			•		ι.		L	TOTAL XXII, FEE	/		YO'DY.	•		
_	.  , 0	(Column 1)		Column		(Column 3)	•	·/7	7	•			•	
		CLAIMS REMAINING AFTER AMENDMENT	•	HIGHES NUMBE PREVIOUS PAID FO	R SLY	PRESENT EXTRA		RATE	ADDI- TIONAL	1	RATE	ADDI- TIONAL		
AMENDAIC IN	Total	.20	Minus	-2		. 7	1	XS 9=		OR	X\$18=	FEE		
	Independent	. 3	Mirrus	- 2	I	• /	-	X43-			X86=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CYAIN							145-		OR I				
- B	the entry in colum	ro 1 is less than the	entry in colu	mn 2, water to	oct.	mo 3.		TOTAL	<del></del>	OB L	+290=			
		mber Previously Pelo ber Previously Pelo					ADI	DIT. FEE		DR A	nort cee			
							,	.2		- ,	· 1.		١.	